# Leader Preparation

## Pre-Deployment Operational Stress Workshop for Leaders

**Revised: 1 Jun 2008**

READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

# Commandant's Message

STRESS CONTINUUM
READY | REACTING | INJURED | ILL

# Overview and Purpose

- **Marine Operational Stress Training (MOST) cycle**
- **What is stress and how do we cope with it?**
- **Four stress zones in the COSC Continuum:**
  - **Ready**
  - **Reacting**
  - **Injured**
  - **Ill**
- **COSC Decision Matrix to recognize stress zones**
- **Five core COSC leader functions for readiness and health:**
  - **Strengthen**
  - **Mitigate**
  - **Identify**
  - **Treat**
  - **Reintegrate**

# Marine Operational Stress Training (MOST) Cycle for Deployments

READY TO FIGHT — HEALTHY AT HOME
Combat Operational Stress Control

STRESS CONTINUUM: READY | REACTING | INJURED | ILL

## COSC Awareness Briefs

- Leader Preparation
- Warrior Preparation
- Family Preparation
- **Before Redeployment**
  - Leader Transition
  - Warrior Transition
  - Family Transition
- **Post-deployment (60-120 days)**
  - Leader Transition II
  - Warrior Transition II
  - Family Transition II

# What Are "Stress" and "Coping"?

**"STRESS":** **Any challenge to the body or mind**

- Always both a danger and an opportunity
- Necessary for life and accomplishment

**"COPING":** **Changes in our bodies, minds, or environments to adapt to stress**

- Three main ways (tactics) to cope
  - ✓ Strengthen yourself
  - ✓ Manage your environment (including relationships)
  - ✓ Compartmentalize stress when necessary
- Coping is how we manage stress
- But coping takes time — to do and undo

# Sources of Operational Stress

| | |
|---|---|
| **PHYSICAL** | • Heat • Dehydration • Injury or illness<br>• Cold • Sleep deprivation • Toxins |
| **THINKING** | • Being hyper-focused • Boredom • Uncertainty<br>• Lack of information • Too much information |
| **EMOTIONAL** | • Fear of injury or death • Fear of failure<br>• Hatred • Horror • Guilt or shame |
| **SOCIAL** | • Being away from loved ones and friends<br>• Loss of personal space • Isolation |
| **SPIRITUAL** | • Life doesn't make sense like it used to<br>• Challenge of faith • Moral conflict |

# How Do We Manage Combat Stress?

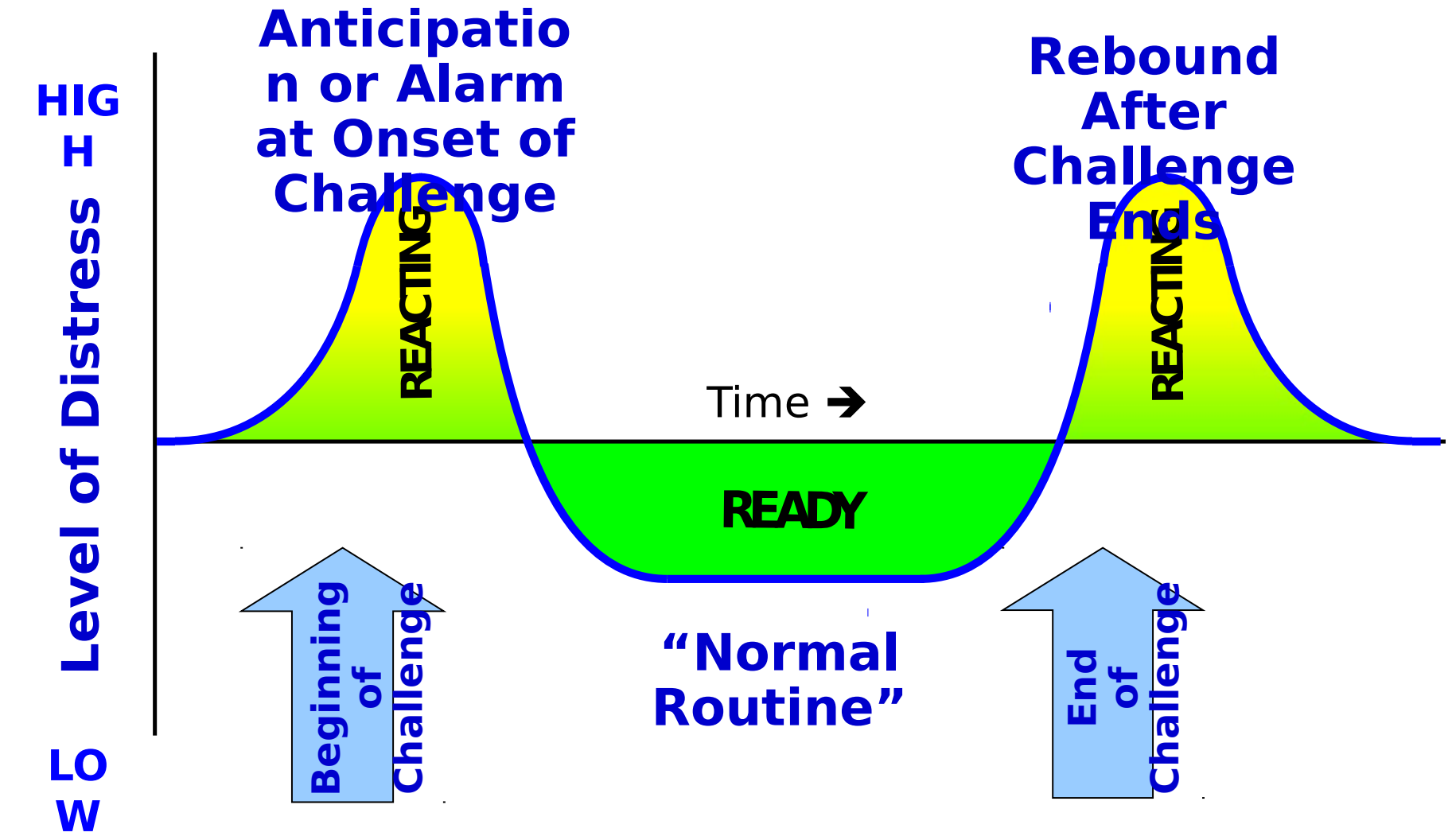
| STRENGTHEN YOURSELF | MANAGE YOUR ENVIRONMENT | COMPARTMENTALIZE STRESS |
|---|---|---|
| **Physically**<br>– Strength Training<br>– Endurance<br>– Physical skills<br>– Rest and recovery<br><br>**Mentally**<br>– Familiarity<br>– Confidence<br>– Stress “inoculation”<br>– Positive attitude<br><br>**Spiritually**<br>– Worship<br>– Prayer<br>– Fellowship | **Social environment**<br>– Trust and support<br>– Unit cohesion<br>– Family cohesion<br>– Eliminate stress<br><br>**Physical environment**<br>– Protective equipment<br>– Squared away<br>– Stress coping tools<br>– Recreation<br>– Reduce stressors | **Thinking**<br>– Tune out dangers<br>– Tune out horrors<br>– Don’t dwell on negative<br>– Avoid self blame<br><br>**Feeling**<br>– Numb to fear<br>– Numb to sorrow<br>– Numb to suffering |

READY TO FIGHT
HEALTHY AT HOME
COMBAT OPERATIONAL STRESS CONTROL

# Combat Operational Stress Continuum for Marines

| READY | REACTING | INJURED | ILL |
|---|---|---|---|
| • Good to go<br>• Well trained<br>• Prepared<br>• Fit and tough<br>• Cohesive units, ready families | • Distress or impairment<br>• Mild, transient<br>• Anxious or irritable<br>• Behavior change | • More severe or persistent distress or impairment<br>• Leaves lasting evidence (personality change) | • Stress injuries that don't heal without intervention<br>• Diagnosable<br>• PTSD<br>• Depression<br>• Anxiety<br>• Addictive Disorder |

# Time Course of Normal Coping and Adaptation



# Recognizing Stress Problems:

## Green (Ready) Yellow (Reacting)

| READY | REACTING |
|---|---|
| • Calm and steady<br>• Confident and competent<br>• Getting the job done<br>• In control<br>• Sense of humor<br>• Sleeping enough<br>• Eating the right amount<br>• Working out, staying fit<br>• Playing well and often<br>• Active socially, spiritually | • Feeling anxious, irritable<br>• Worrying<br>• Cutting corners on the job<br>• Short tempered or mean<br>• Irritable or grouchy<br>• Trouble sleeping<br>• Eating too much or too little<br>• Apathy, loss of interest<br>• Keeping to oneself<br>• Negative, pessimistic |

# What is a "Stress Reaction"?

**"STRESS REACTION"**

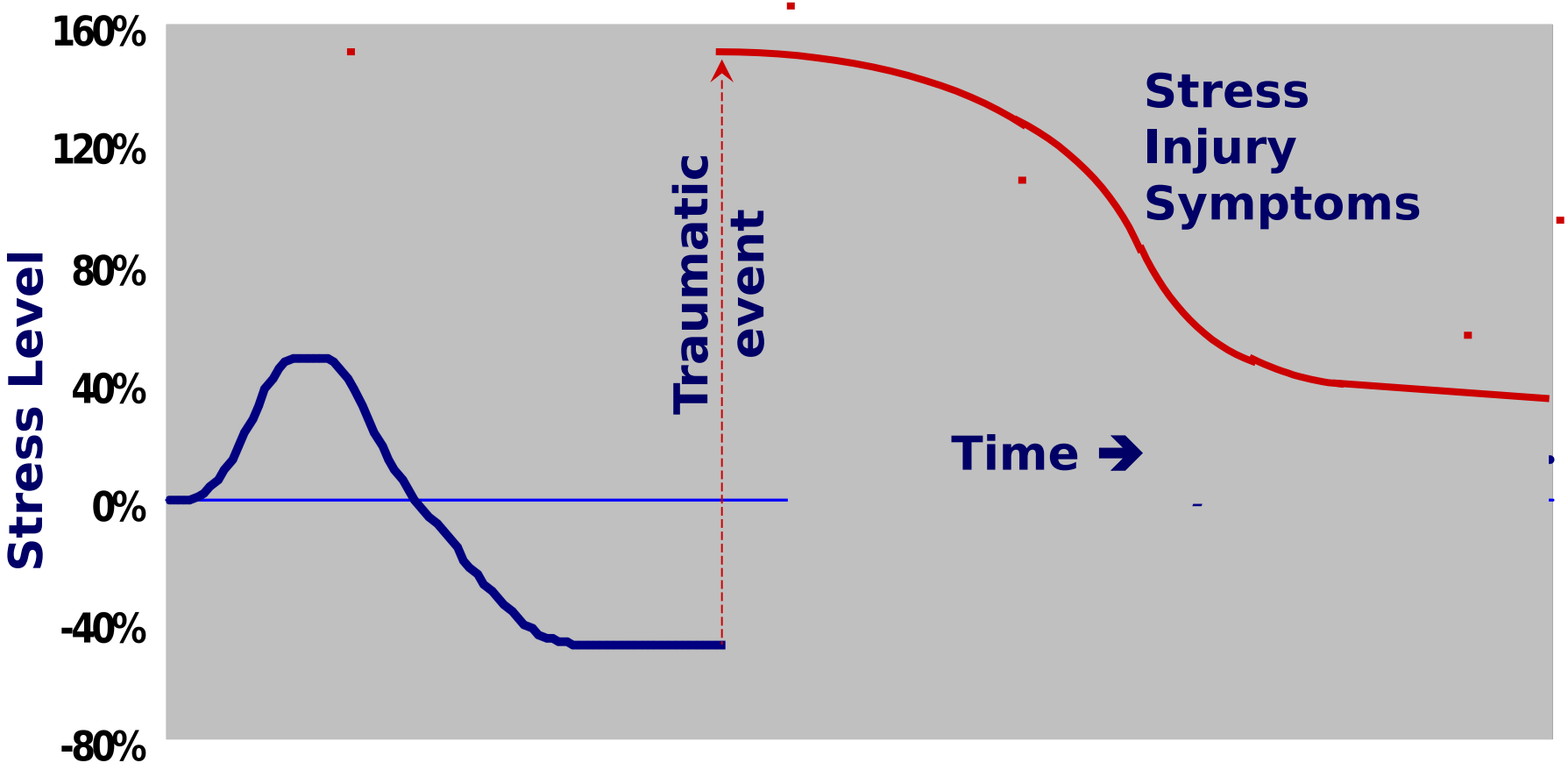
**Temporary, mild mental or physical distress, or impairment of function, due to stress**

- Common
- Temporary
- Mild
- Normal and expectable

READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

# Adaptation Disrupted by Traumatic Stress Injury

STRESS CONTINUUM
READY | REACTING | INJURED | ILL



# Stress Outcome Spectrum: Reactions Versus Injuries

## Stress Reactions

- Common
- Always temporary
- Mild distress or loss of function
- Self-correcting

## Stress Injuries

- Less common
- May leave a scar
- More severe distress or loss of function
- May heal faster with help

# Recognizing Stress Problems:

## Orange (Injured) & Red (Ill)

| INJURED | ILL |
|---|---|
| • Loss of control of your body, emotions, or thinking<br>• Can't fall or stay asleep<br>• Recurrent vivid nightmares<br>• Intense guilt or shame<br>• Attacks of panic or rage<br>• Inability to enjoy activities<br>• Disruption of moral values<br>• Serious suicidal or homicidal thoughts | • Stress injury symptoms that last for more than several weeks<br>• Symptoms that get worse over time instead of better<br>• Symptoms that get better for awhile but then come back worse |

# Four Sources of Stress
## Injury

**Intense or Prolonged Combat or Operational Stress**

### IMPACT

- A <u>trauma</u> injury
- Due to events provoking terror, helplessness, horror, shock

### WEAR AND TEAR

- A <u>fatigue</u> injury
- Due to the accumulation of stress over time

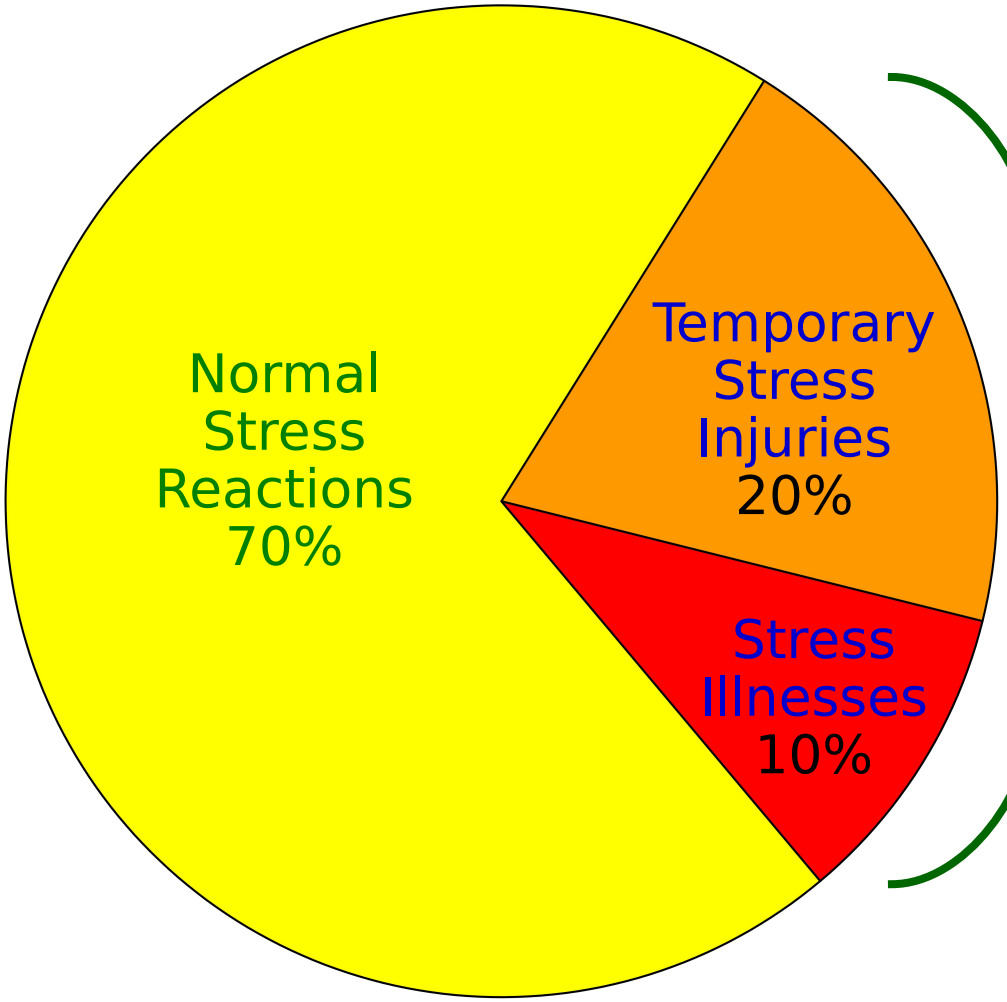
### LOSS

- A <u>grief</u> injury
- Due to loss of people who are cared about

### INNER CONFLICT

- A <u>beliefs</u> injury
- Due to conflict between moral/ethical beliefs and current experiences

# The Continuum: Normal Stress, Stress Injuries, Stress Illnesses



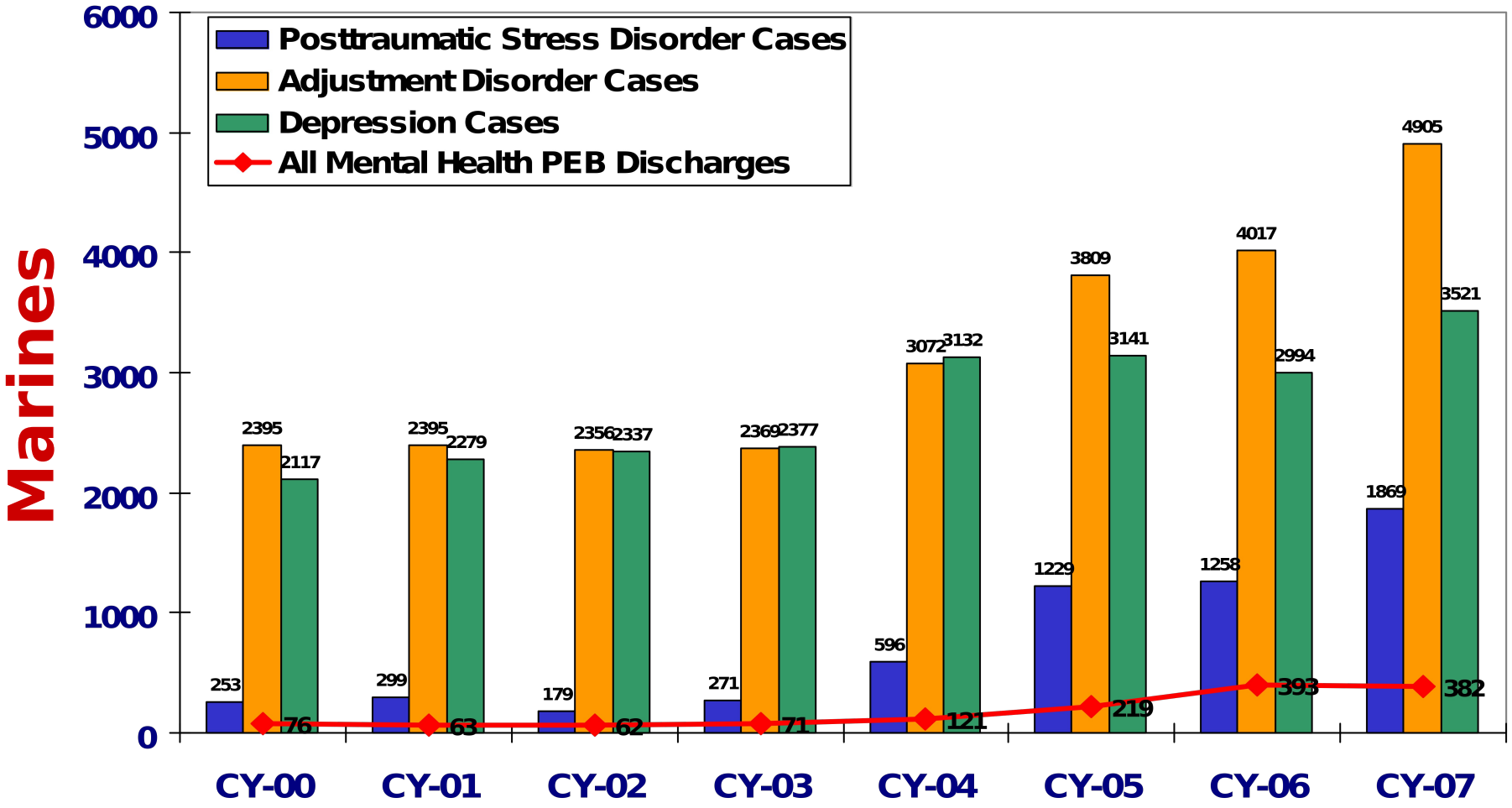

**Our goal must be to prevent these when we can, and quickly identify and treat them when we can't.**

*Percentages are highly variable and approximate, based on Army, VA, Navy and Marine Corps data*

READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

# Severe Stress Reactions

STRESS CONTINUUM
READY | REACTING | INJURED | ILL

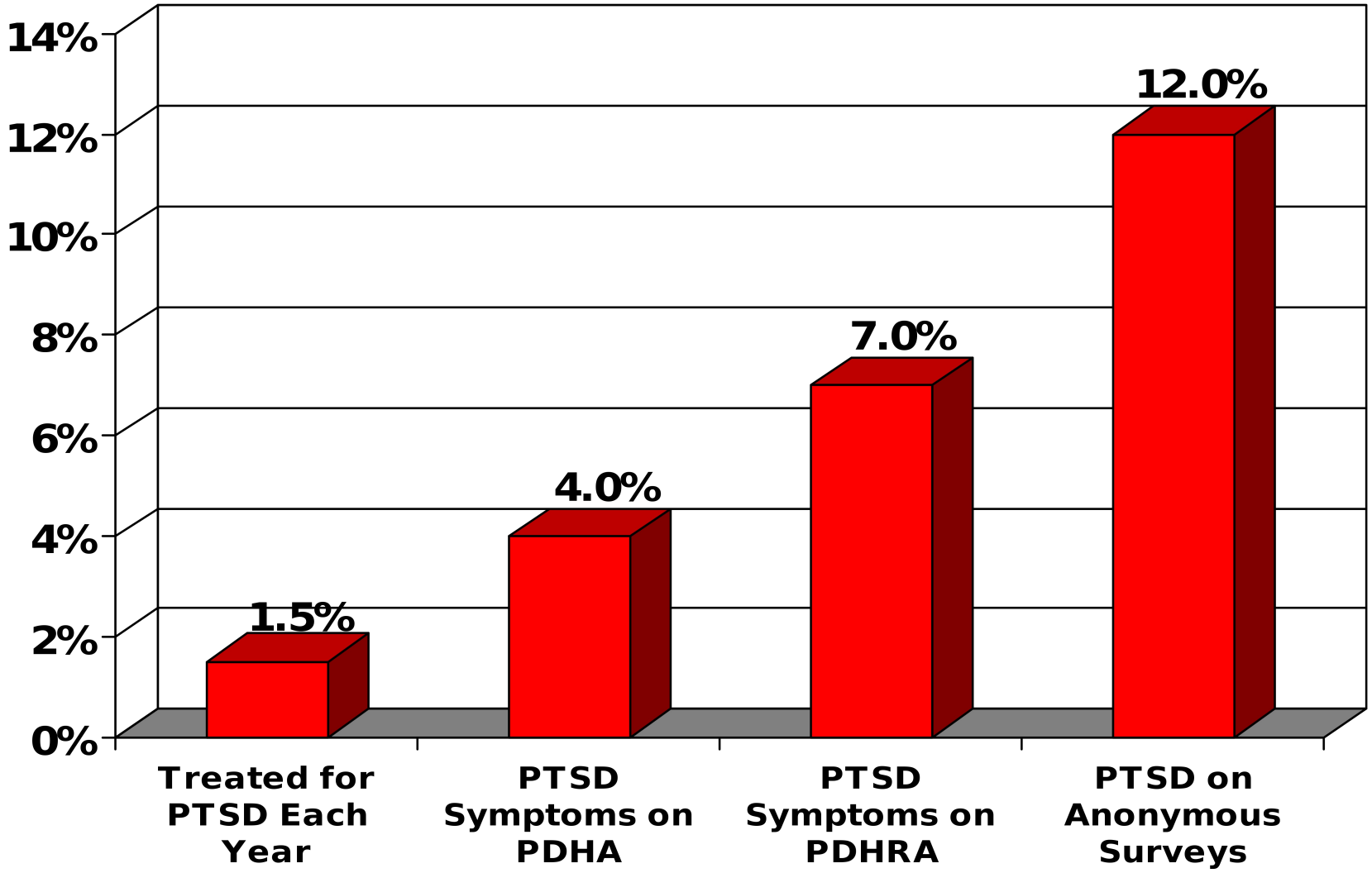



Source: Defense Medical Epidemiology Database (DMED)

READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

# Post-Deployment PTSD in Marines

STRESS CONTINUUM
READY | REACTING | INJURED | ILL



# Five Core Leadership Functions for COSC

1. ***Strengthen*** **your Marines**
2. ***Mitigate*** **and remove unnecessary stressors**
3. ***Identify*** **Marines with stress problems**
4. ***Treat*** **and coordinate care**
5. ***Reintegrate*** **back to unit**

# 1. Strengthen

- **Leaders:**
  - Build toughness
  - Create confidence and forewarn of stressors
  - Inoculate to extreme stress
  - Build physical and mental fitness
  - Build unit cohesion
  - Enforce ethical standards and ROE
  - Foster family readiness
  - Promote effective coping

# 2. Mitigate

- **Leaders:**
  - Remove unnecessary stressors
  - Balance competing priorities
  - Ensure adequate sleep and rest
  - Encourage self-care and buddy care
  - Protect unit members from unnecessary scenes of gore

READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

# 3. Identify

- **Leaders:**
  - Know your Marines and their stress loads
    - Understand the Stress Continuum and stress zones
    - Utilize the Decision Matrix and Decision Flowchart
    - Recognize and identify stress reactions, injuries, illnesses
    - Recognize degradation to unit cohesion
    - Encourage unit Marines to identify stress problems in selves and watch out for each other
    - Use After-Action Reviews (AARs) in small units to defuse stress and identify those who may need help

# Combat Operational Stress Continuum Decision Matrix

| READY | REACTING | INJURED | ILL |
|---|---|---|---|
| **DEFINITION**<br>• Good to Go<br>• Well-Trained<br>• Fit and Tough<br>• Adaptive Coping<br>**SIGNS**<br>• Effective Functioning<br>• Calm and Steady<br>• In Control<br>• Getting the Job Done<br>**ACTION**<br>• Monitor for signs of distress or stress reactions in future if concern arises | **DEFINITION**<br>• Some impairment in job functions or relationships<br>• Mild transient distress<br>**SIGNS**<br>• Some anxiety or irritability<br>• Poor sleep; poor mental focus<br>• Nightmares; easily startled<br>• Loss of social interest<br>• Some change from normal behavior<br>**ACTION**<br>• Ensure adequate sleep/restoration<br>• Refer to Chaplain or Medical if there is no improvement<br>• After Action Reviews | **DEFINITION**<br>• More severe or persistent distress or impairment<br>• More lasting scars on behavior or personality<br>**SIGNS**<br>• Lost emotional control at some point<br>• Can't sleep<br>• Disruptive nightmares or memories/flashbacks<br>• Social withdrawal<br>• Panic/rage episodes<br>• Loss of concern for usual beliefs/values<br>**ACTION**<br>• Enforce rest and recuperation (24-72 hours)<br>• Refer to Medical if no improvement | **DEFINITION**<br>• Stress injuries that won't heal without medical intervention<br>• Diagnosable illnesses (Such as: PTSD; depression; anxiety; substance abuse)<br>**SIGNS**<br>• Stress problems that last more than 60 days post-deployment<br>• Not getting better or getting worse<br>• Impacting work or relationships<br>**ACTION**<br>• Refer to Medical<br>• Reintegrate back with unit if possible<br>• Mentor back to full duty |

READY TO FIGHT — HEALTHY AT HOME

Combat Operational Stress Control

# Marine or Sailor Under Stress

Are there signs of ***DISTRESS*** or ***LOSS OF FUNCTION?***

**NO** → ***Green Zone (Ready):***
- Good to Go. Continue to monitor for signs of distress or loss of function in the future if concerned

**YES** →

**Distress or Loss of Function:**
- Difficulty relaxing and sleeping
- Loss of interest in social or recreational activities
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories
- Hyperactive startle responses to noises

Is the distress or loss of function ***SEVERE?***

**NO** → ***Yellow Zone (Reacting):***
- Ensure adequate sleep & rest
- Manage home-front stressors
- Discussions in small units
- Refer to chaplain or

**YES** →

***SEVERE* Distress or Loss of Function:**
- Difficulty performing normal duties
- Any change from normal personality
- Inability to fall asleep or stay asleep
- Withdrawal from social or recreational activities
- Uncharacteristic outbursts of rage or panic
- Nightmares or memories that increase heart rate
- Inability to control emotions
- Serious suicidal or homicidal thoughts
- Loss of usual concern for moral values

Has the distress or loss of function ***PERSISTED?***

**NO** → ***Orange Zone (Injured):***
- Keep safe and calm
- Rest & recuperation 24-72 hrs.
- Refer to medical or chaplain
- Mentor back to full duty and function

**YES** →

***PERSISTENT* Distress or Loss of Function:**
- Stress problems that last for more than several weeks post-deployment
- Stress problems that don't get better over time

***Red Zone (Ill):***
- Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Reintegrate with unit

## Combat Operational Stress Decision Flowchart

# Severe Distress: Wear and Tear Injury

- **A <u>fatigue</u> injury**
- **Due to the accumulation of stress over time**
- Abrupt change in attitudes, values, and behavior
- Person becomes uncharacteristically:
  - Careless
  - Lethargic
  - Disinterested
- May be subtle

READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

# Severe Distress: Trance-Like Dissociation

STRESS CONTINUUM
READY | REACTING | INJURED | ILL

**Tom Hanks in “Saving Private Ryan,” Paramount Pictures, 1998**

# Severe Distress: Other Loss of Control

- Uncontrollable rage
- Uncontrollable shaking, panic
- Loss of emotional control (“hysterical”)
- Temporary blindness, deafness

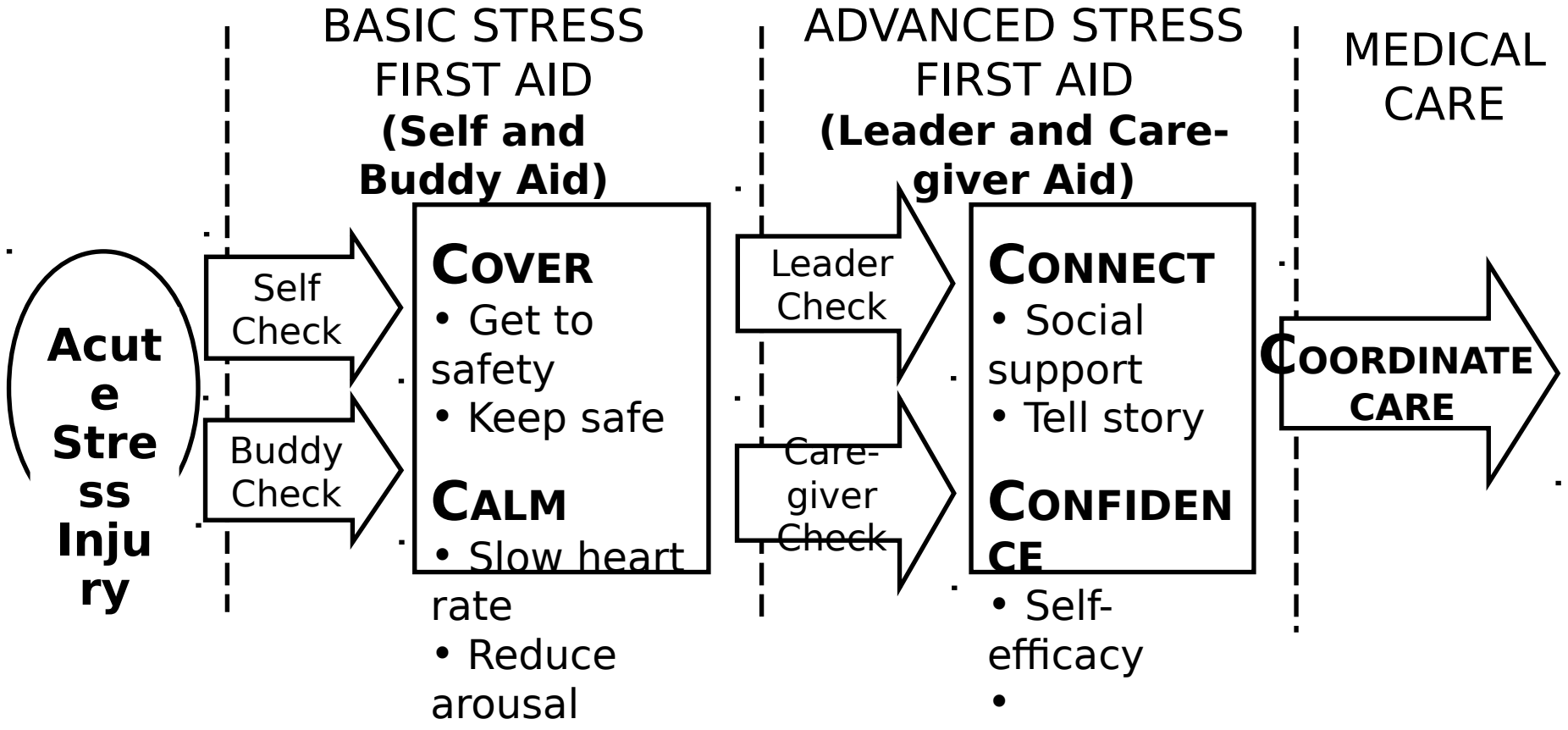
# After Action Reviews (AARs) A Unit Leader COSC Tool

- Conducted by small unit leaders after significant training and operational event, especially if casualties
- Atmosphere of trust and honesty
- Goals:
  - Establish common perceptions (what happened)
  - Disseminate lessons learned (why it happened)
  - Restore lost trust and confidence (why it won't happen again)
  - Discourage blame and self-blame (why it wasn't their fault)
  - Identify who may have a physical or stress injury (who needs help)
- Not group therapy
- But encourage Marines to tell their stories
- No outsiders present during discussion

# 4. Treat

- **Leaders:**
  - Create an environment where it is OK to get help
  - Utilize Combat Operational Stress First Aid (COSFA) Five “C’s
    - Cover, Calm, Connect, Confidence, Coordinate Care
  - Refer to Chaplain
  - Refer to Medical
  - Refer to Mental Health

# Combat and Operational Stress First Aid (COSFA)




COSFA developed by Litz, Watson, and Nash, from Psychological First Aid (PFA), originally developed by NCPTSD, NCTSN, and USUHS

# 5. Reintegrate

- **Leaders:**
  - Expect return to full duty
  - Keep with unit if possible
  - Communicate with treating professionals (both ways)
  - Fight stigma, harassment
  - Continually monitor fitness for duty

# USMC Combat Operational Stress Continuum Strategies

| Ready | Reacting | Injured | Ill |
|---|---|---|---|
| • Unit Leader Bonding/Stability and Unit Cohesion as an inoculation for combat stress<br>• Simulate Stress and Build Resiliency in Training<br>• Reinforce Battlefield Ethics<br>• Forge "Mental Armor" for a Battle-Hardened Mind<br>• MCMAP Mental Toughness and Charac | • Small Unit After-Action Reviews<br>• Early Detection<br>• Combat Stress First Aid (self- and buddy-aid)<br>• Psychological First Aid<br>• Rest and return to unit<br>• Use Medical, | • Treat like any other injury — without stigma<br>• Treat Early<br>• Rest and restoration<br>• Refer to chaplain, medical, | • Medical evaluation and treatment is necessary as soon as possible<br>• Guide back to duty if possible<br>• Reintegrate with unit |

Focus on Prevention: Build Resiliency

Stressor

Focus on Treatment: Return to Duty and Wellness

- Strengthen the Homefront

# Discussion Scenario 1

A seasoned SSgt in an explosive ordnance disposal unit, veteran of three deployments to Iraq and one of the best combat leaders in the unit, gradually becomes very anxious about going outside the wire. His unit has performed many missions every day, seven days a week, for the past six months. He has lost two of his Marines to ambushes. He begins to frighten junior Marines prior to missions by talking excessively about dangers they will face. He also begins to lose his temper uncharacteristically with subordinates. You talk to this SSgt, and he says he is fine, except he just isn't sleeping much any more. He doesn't want to be taken off-line.

- Which stress zone (green, yellow, orange, or red) is he in?
- What should be done?

# Discussion Scenario 2

A LCpl turret gunner in your unit refuses to go back outside the wire again after he got his bell rung by a nearby IED explosion for the second time in this deployment. He was evaluated at the BAS, and has been given medical clearance to return to duty. The Marine says he shakes so bad when he even thinks about going back on the road he is afraid he will get someone in the unit killed by failing to return fire at a crucial moment.

- Which stress zone (green, yellow, orange, or red) is he in?
- What should be done?

# Discussion Scenario 3

A Marine Sgt working in a Personnel Retrieval and Processing (PRP) unit becomes increasingly less motivated and irritable, isolating herself from her peers. After five months in Iraq, she has sorted and bagged hundreds of remains, some badly burned and mutilated from IED blasts. It now takes her several hours to fall asleep and often wakes up screaming and in a sweat from a recurring nightmare of someone zipping her into a body bag. She has loss interest in hanging out with her friends and seems to be losing a lot of weight. She is reluctant to seek help and tells everyone she is "good to go."

- Which stress zone (green, yellow, orange, or red) is she in?
- What should be done?

# Discussion Scenario 4

A Marine PFC, new to his unit and on his first operational deployment, is seen awake cleaning his gear at 0200 the night before his first mission in which contact is expected. The other members of his unit are asleep, but he can't seem to calm down enough to get to sleep. He has now cleaned his M-16 three times.

- Which stress zone (green, yellow, orange, or red) is he in?
- What should be done?

# Discussion Scenario 5

A Marine infantry GySgt is now on his third deployment to Iraq. He was treated successfully for PTSD after his second deployment and returned to full duty. Recently he learned that his wife is filing for divorce and leaving him in great financial debt. He has begun again to have intense panic attacks (shortness of breath, rapid heart rate, shaking, and sweating for no reason). He is supposed to still be taking medications but stopped taking them months ago. He does not want his OIC to find out. His greatest fear is that he will be sent home and taken away from his Marines, who need him.

- Which stress zone (green, yellow, orange, or red) is he in?
- What should be done?

# Discussion Scenario 6

A rifle platoon is ambushed while on a mounted urban patrol, taking several casualties while pinned down and returning fire. Air support is called in, but one of the unit's vehicles is strafed by friendly fire, killing two more Marines in the unit. The quick reaction force dispatched to support the pinned-down unit is also ambushed, so it takes many hours for casualties to be evacuated and surviving Marines to return to safety. That night, after returning to their firm base, Marines in the unit are more quiet than usual, retreating to their own racks without talking much to each other.

- Which stress zone (green, yellow, orange, or red) is this unit in?
- What should be done?

# Discussion Scenario 7

Later that same night, in the same firm base of the Marine unit that was ambushed and received friendly fire while on mounted patrol, the sound is heard of a stray dog screaming as it is hacked to death by two Marines with e-tools.

- Which stress zone (green, yellow, orange, or red) are they in?
- What should be done?

# Discussion Scenario 8

An HM3 line corpsman in a rifle platoon begins to ask to take point on dismounted patrols after his closest friend in the unit is killed right in front of him. The other Marines in his fire team have been talking about helping this corpsman get “payback.”

- Which stress zone (green, yellow, orange, or red) are they in?
- What should be done?

# Where To Get Help

- **Corpsmen**
- **Chaplains**
- **Unit medical** (BAS, RAS, GAS, etc.)
- **Operational Stress Control and Readiness (OSCAR) mental health team, if your unit has one**
- **Medical Treatment Facilities (Hospitals and Clinics)**
- **MLG Surgical Company Forward**
- **Marine and Family Services Counselors**
- **Military OneSource** (www.militaryonesource.com)
- **Vet Centers** (www.va.gov/rcs)
- **HQMC COSC** (www.manpower.usmc.mil/cosc)
- **Marine Leaders Guide** (www.usmc-mccs.org/leadersguide)

# Questions?

**www.manpower.usmc.mil/cosc**